DEC 2 1 2005

|   | <u> </u>   | (1)   | _ |  |  |  |
|---|--|---|---|--|--|--|
| PET   | TIONS OR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   | Docket Number (Optional) 020547-002110U         | S |  |  |  |
| TRAC  | F1 2005  | ·   |   |  |  |  |
| Appli   | (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) cation Number 10/645,818   | Filed August 20, 2003                           |   |  |  |  |
| For<br>GEN  | TRANSFORMATION SYSTEM BASED ON THE INTEGRASE<br>E AND ATTACHMENT SITE FOR MYXOCOCCUS XANTHUS<br>FERIOPHAGE MX9   |   |   |  |  |  |
| Art U   | nit 1633   | Examiner Michael D. Burkhart                    |   |  |  |  |
|   | s a request under the provisions of 37 CFR 1.136(a) to extend the percation.   | riod for filing a reply in the above identified |   |  |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |  |   |   |  |  |  |
|   | <u>Fee</u>   | Small Entity Fee                                |   |  |  |  |
|   | One month (37 CFR 1.17(a)(1)) \$120  | \$60 \$   | - |  |  |  |
|   | Two months (37 CFR 1.17(a)(2)) \$450   | \$225   \$ <u>225</u>                           | - |  |  |  |
|   | Three months (37 CFR 1.17(a)(3)) \$1020  | \$510 \$  | - |  |  |  |
|   | Four months (37 CFR 1.17(a)(4)) \$1590   | \$795    \$                                     | - |  |  |  |
|   | Five months (37 CFR 1.17(a)(5)) \$2160   | \$1080 \$                                       | - |  |  |  |
|   | Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 as authorized on the enclosed Fee Transmittal Form.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |   |  |  |  |
| l a   | n the applicant/inventor.  | ·   |   |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |  |   |   |  |  |  |
| attorney or agent of record. Registration Number <u>36,429</u>  |  |   |   |  |  |  |
|   | attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34  | · · · · · · · · · · · · · · · · · · ·           |   |  |  |  |
|   |  | December 24, 2005                               |   |  |  |  |
|   | Signature  | December 21, 2005  Date                         |   |  |  |  |
|   | Randolph Ted Apple, Reg. No. 36,429  | (650) 326-2400                                  |   |  |  |  |
|   | Typed or printed name  | Telephone Number                                |   |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |   |   |  |  |  |
|   | Total of forms are submitted.  |   |   |  |  |  |

PTO/SB/17 (12-04) DEC 2 Effective on 12/08/2004. Complete if Known uant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/645,818 **Application Number** TRANSMITTAL August 20, 2003 Filing Date For FY 2005 JULIEN, Bryan First Named Inventor Michael D. Burkhart **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1633 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 250020547-002110US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card | Money Order | None | Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES SEARCH FEES FILING FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 250 200 100 300 150 500 Utility 200 100 100 50 130 65 Design 200 100 300 150 160 80 Plant 250 600 300 Reissue 300 150 500 0 200 100 0 0 0 Provisional 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) **Extra Claims** Fee Paid (\$) -20 or HP = \$25 Fee (\$) 1 HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) 0 \$100 \$0 -3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Extra Sheets** (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Petition for Extension of Time 225

| SUBMITTED BY     |                    |  |                        |  |  |
|------------------|--------------------|--|------------------------|--|--|
| Signature        | Ku_                | Registration No. (Attorney/Agent) 36,429 | Telephone 650-326-2400 |  |  |
| Name (Print/Type | Randolph Ted Apple |  | Date December 21, 2005 |  |  |